

FROM : DRIFTWOOD GARDEN CENTER

FAX NO. : 2392614301

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90164 044 ***150.00

DOCUMENT # P97000013467

1. Entity Name

DRIFTWOOD GARDEN CENTER OF FT. MYERS, INC.



Principal Place of Business

20071 S TAMiami TRAIL
ESTERO, FL 33928

Mailing Address

5051 TAMiami TRAIL NORTH
NAPLES, FL 34103**60032481**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02222008

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

65-0728182

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent**HAZELETT, GARY L
5051 TAMiami TRAIL NORTH
NAPLES, FL 34104**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****10. OFFICERS AND DIRECTORS**TITLE P ☐ Delete
NAME HAZELETT, GARY L
STREET ADDRESS 190 CAJUPUT DR
CITY-ST-ZIP NAPLES, FL 34108TITLE VP ☐ Delete
NAME HAZELETT, CRAIG
STREET ADDRESS 5051 TAMiami TRAIL NORTH
CITY-ST-ZIP NAPLES, FL 34103TITLE S ☐ Delete
NAME HAZELETT, BRAD
STREET ADDRESS 20071 S TAMiami TRAIL
CITY-ST-ZIP ESTERO, FL 33928TITLE T ☒ Delete
NAME LEMAY, JENNIFER
STREET ADDRESS 445 PALM RIVER BLVD
CITY-ST-ZIP NAPLES, FL 34110TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**TITLE P ☐ Change ☒ Addition
NAME David Lemay
STREET ADDRESS 445 Palm River Blvd
CITY-ST-ZIP Naples FL 34110TITLE VP ☒ Change ☐ Addition
NAME Hazelett, Gary
STREET ADDRESS 190 Cajuput Dr
CITY-ST-ZIP Naples FL 34108TITLE S ☒ Change ☐ Addition
NAME S T Hazelett, Brad
STREET ADDRESS 20071 S Tamiami Trail
CITY-ST-ZIP Estero FL 33928TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, will call other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/08

239 947 9676

Daytime Phone #